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## **COUNTY OF CULPEPER**

Building Department (540) 727-3405 Fax: (540) 727-3461 www.CulpeperCounty.gov 302 North Main Street Culpeper, VA 22701



## **ELEVATOR PERMIT**

Elevator/escalator contracting means that service which provides for installation, repair, improvement or removal of elevators or escalators permanently annexed to real property. A firm holding an EEC license is responsible for meeting all applicable tradesman licensure standards. No other classification or specialty service provides for this function. By VA Board of Contractors Select Code Used: 

2006 IBC (International Building Code) Permit # \_\_\_\_\_ Scope of Work: ☐ Residential ☐ Commercial Number of Elevators: \_\_\_\_\_ Description (please be descriptive & write legibly:\_\_\_\_\_ Information requested is required. *Information requested is required.* CONTRACTOR \_\_\_\_\_ OWNER \_\_\_\_\_ Address:\_\_\_\_ Address: State zip code City /Town State zip code City/Town Date of Birth: / / *Month / Date / Year(ex.1960).* Business Phone: IF APPLICABLE PLEASE COMPLETE. License No. Class Expiration: As the owner of this property, I have assigned the following Completed by intake Permit Technician Contractor/Agent to pull this Building Permit on my behalf. ☐ Contractor License verified \_\_\_\_\_ Contract Amt. \_\_\_\_\_Total Sq. Footage\_\_\_\_\_ Owner Signature: Contractor/Agent Name\_\_\_\_\_ Estimated Time of Construction: Telephone:\_\_\_\_\_ Email Address:\_\_\_\_\_ Site Address:\_\_\_\_\_ CONTACT DAY PHONE: CONTACT CELL PHONE: Directions: Email Address:

It is the responsibility of the person issued this permit to insure adherence to all building regulations. It is the responsibility of the person issued this permit to be responsible to schedule all necessary inspections and a final inspection will be necessary to close this permit.

Print Name:

Signature of Contractor/Agent

## **FEE SCHEDULE**

Administrative Use Only	
Permit Fee \$50.00 each	\$
2.0% Levy per USBC	\$
Total Permit Fee	\$
Less Admin Fee (if applicable)	\$( <b>50.00</b> ) Date paid
TOTAL DUE WHEN ISSUED	\$